


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90180 034 \*\*\*\*50.00

<b>DOCUMENT # L06000005317</b>	
1. Entity Name <b>KINGS GATE DEVELOPMENT, LLC</b>	

Principal Place of Business <b>6522 GUNN HIGHWAY TAMPA, FL 33625</b>	Mailing Address <b>6522 GUNN HIGHWAY TAMPA, FL 33625</b>
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2. Principal Place of Business - No P.O. Box # <b>915 W. Linebaugh Ave</b>	3. Mailing Address <b>915 W Linebaugh Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>
Zip <b>33612</b>	Zip <b>33612</b>
Country <b>Hillsborough</b>	Country <b>Hillsborough</b>

01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-478 6987</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WEINBERG, STEPHEN M 10001 HAMPTON PLACE TAMPA, FL 33618</b>		7. Name and Address of New Registered Agent Name <b>Weinberg, Stephen M</b> Street Address (P.O. Box Number is Not Acceptable) <b>10001 Hampton Pl</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33618</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMW, LLC 6522 GUNN HIGHWAY TAMPA, FL 33625</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Shimberg, Homes, LLC 915 W Linebaugh Ave Tampa FL 33612</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Richard E Shimberg 915 W Linebaugh Ave Tampa, FL 33612</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> 	<b>4/10/2007</b>	<b>813 930 2900</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #